



March 30, 2001

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Embassy Suites Hotel, 1040 'P' Street requesting a special designated license.

Embassy Suites Hotel requested this special designated permit for an outdoor area, which is the back deck area of Embassy Suites at 1040 'P' Street. This request is for May 4th, 11th, & 18th, 2001 from 1500 to 2000 hours. The request is for a Friday afternoon outdoor tailgate party.

If approved the following requirements must be followed:

1. Identification to be checked, wristbands required on all parties wishing to consume alcohol.
2. Adequate security to be provided for the event.
3. The area requested for the permit to be separate from the public by a fence or other means.
4. Responsible alcohol service practices to be followed.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County, and the State of Nebraska.

A handwritten signature in black ink, appearing to read "Tom K. Casady".

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☐ City Attorney
☒ Police
☐ Bureau of Fire Prevention
☐ Health Dept.

DATE 3-28-01

RETURN BY 4-9-01

CATERER _____

NON-CATERER ☒

APPLICANT: LINCOLN P STREET CATERING CO. DBA EMBASSY SUITES HOTEL

APPLICANT'S ADDRESS: 1040 P STREET LINCOLN NE 68508

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : BACK DECK AREA OF EMBASSY SUITES HOTEL, 1040 P STREET


DATE(S) OF EVENT 05/04/01, 05/11/01, 05/18/01

TIME(S) OF EVENT 3:00 P.M. - 8:00 P.M.

TYPE OF ACTIVITY OUTDOOR TAILGATE; BUSINESS AFTER HOURS PARTY

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 APPROVED

CONDITIONS per attached cover letter

_____ DENIED

REASON(S) FOR _____

Signature

Date

(If needed, use back for additional space)

(SDLRPT.JER)

A1-031679

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits
2. Status of the Applicant (check one) Public
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) LK 47438

Lincoln P Street Catering Co.

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

1040 P Street Lincoln NE 68508

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

John Q Hammes ~~Host~~ 2450 Skyline, Springfield, mo 65804

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Kraig Parnotte - 402-327-0129 or 402-473-4711

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

MAY 4, 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 3PM TO: 8 PM

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

Outdoor Tailgate/Business after Hours Party

11. Provide an estimated number of attendees at this event 200-250. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

OK per Pms Foster 3/16/01

13. List the number of SDL's that you have applied for at this specific location in the last six months. 6

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

AI-031680

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

Commission Use Only

Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission, P.O. Box 95046, Lincoln, NE 68509. A license fee of \$25 (payable to Nebraska Liquor Control Commission) for each day for which the license is applied (not to exceed six days in one calendar year) and local approval must be included with this application. A SIGNED STATEMENT FROM LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH EVER IS APPLICABLE, AS PER QUESTION 11, MUST BE INCLUDED. ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HOLD.

A NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits
2. Status of the Applicant (check one)
☒ Catering License ☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number WK 97438
 (City, State, County Number, Zip Code) And Class (Example C/K)

Lincoln P Street Catering Co.

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

1040 P Street Lincoln, NE 68508

5. Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

John G Hammons 2450 Skyline Springfield, MO 65804

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Kraig Pomrenke (H) 402-327-0129 (W) 402-473-4727

8. Date(s) of occasion (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
 PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER

May 11, 2001

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 3pm TO: 8pm

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

Outdoor Tasting/Business after Hours Party

11. Provide an estimated number of attendees at this event 200-250. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

OK per Russ Foster - 3/20/01

13. List the number of SDL's that you have applied for at this specific location in the last six months. 6

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

A1-031681

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

Commission Use Only

Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission, P.O. Box 95046, Lincoln, NE 68509. A license fee of \$25 (payable to Nebraska Liquor Control Commission) for each day for which the license is applied (not to exceed six days in one calendar year) and local approval must be included with this application. A SIGNED STATEMENT FROM LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH EVER IS APPLICABLE, AS PER QUESTION 11, MUST BE INCLUDED. ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HOLD.

A NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☒ Distilled Spirits
2. Status of the Applicant (check one) Public
☒ Catering ☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
License Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number J/K 47438
(City, State, County Number, Zip Code) And Class (Example C/K)

Lincoln P Street Catering

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

1040 P Street Lincoln, NE 68508

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

John G Hammers 2450 Skyline, Springfield, ma 65804

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Kraig Bmreke - 402-327-0129 or 402-473-4774

8. Date(s) of occasion (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER

May 18 2001

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 3PM TO: 8PM

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

outdoor Tailgate/Business after Hours Party

11. Provide an estimated number of attendees at this event 200-250. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

OK per Russ Fyler - 3/20/01

13. List the number of SDL's that you have applied for at this specific location in the last six months. 6

CONTINUE ON BACK